

Full Name of Payee SRCP MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 201 N UNION ST. SUITE 200		Amount 21638.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.031680 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure MEDIA	Category/ Type		
Name of Federal Candidate JAMES D MATHESON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>04</u> State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought	1376291.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee THE TARRANCE GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 201 N UNION ST STE 410		Amount 12500.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.031716 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure SURVEY RESEARCH		Category/ Type	
Name of Federal Candidate LOIS CAPPs		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34138.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature